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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M46126 (2)

1. Corporation Name
CARIBE HOMES CORP.

Principal Place of Business
14260 SW 119 AVE
MIAMI FL 33186-6023
US

Mailing Address
14260 SW 119 AVE
MIAMI FL 33186-6023
US



3. Date Incorporated or Qualified 02/05/1987
3a. Date of Last Report 03/18/1996

4. FEI Number 59-2771491
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MARTINEZ, EMILIO F.
14260 SW 119 AVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MARTINEZ, CARLOS E.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME MARTINEZ, MARIANA
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MARTINEZ, EMILIO F.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

TITLE DVP
NAME MARTINEZ, RAUL A.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

TITLE AS
NAME MARTINEZ, FERNANDO I
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME MARTINEZ, EMILIO J
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

305/233-6776

Daytime Phone #

CR2E034 (9/96)